

ASHTON-IN-MAKERFIELD

Urban District Council.

MEDICAL OFFICER'S

34th ANNUAL REPORT.

1908

FEBRUARY, 1909.

Mr. Chairman and Gentlemen,

Another year having passed it is again my duty to present my Annual Report, embracing the usual tables relative to Sickness, Infective Sickness, Mortality, &c.

The population on 1st January, 1908, was 21,392, showing on 1st July a rise through increase of births over deaths, to 21,601, upon which all rates are based.

The *General Death-rate* in spite of increased sickness of infective type, as notified, continues to be satisfactory for such a district as ours, being 15.1 per 1,000 against 15.8 and 14.8 for the two previous years. The number of deaths was 8 less than in 1907—notwithstanding the population was 370 more. This is indicative to some degree at all events of attempts so far made to secure improvements in the sanitary condition of the district, bearing in mind always the habits and occupations of the people, the character of and density in the dwellings, and not forgetting either the topographical difficulties with which the Council has to contend.

The *Zymotic Death-rate* 1.9 is again in our favour, being 0.5 per 1,000 less than last year, and 0.9 less than the average for three previous years.

The *Birth-rate* 33·6 shows a reduction of 5 per 1,000 on average for previous decade. Table I will show you that with increased population of 5,330 during that time, yet the births are proportionately low: only 9 more in number on that average, and 32 over the number for the *first* year of that decade.

The *Infantile Death-rate* which was raised by 15 in 1907 on the mean for three previous years and 3 less than the average for previous decade, shows a much more favourable comparison for 1908, being down to 143 as against 171 (see note later—Notification of Births' Act). The number of illegitimate children born was 25 (males 16, females 9), viz. :—In Central Ward 7, North Ward 3, South Ward 1, East Ward 9, and West Ward 5. Five illegitimate babies died under one year, and bearing on previous year the figures were births 28, deaths 8, which is some satisfaction in this connection.

Uncertified Deaths were 10; 2 under one year, and *violence* occasioned 17, viz. :—Connected with mining operations 8, old injury (certified by Coroner) 1, suicide 1, falls 5, injured by horse 1, and by a lorry 1.

Old Age.—The average age of 51 persons (21 males, 30 females) dying over 65 equalled 74 $\frac{1}{4}$ —an increase on the average for years. Possibly the old age pension may extenuate advanced age in a number of instances.

Deaths of Residents dying in Public Institutions outside the area numbered 21, viz. :—Wigan Infirmary 12, Workhouse 8, and Liverpool Royal Infirmary 1.

Mortality at Subjoined Ages.—Under one year 104; one to five, 37; total under five, 141; five to fifteen, 21; fifteen to twenty-five, 11; twenty-five to sixty-five, 104; sixty-five and upwards, 51; total over five, 187. Gross 328.

Registered Births	Males 355	Females 372	Total 727
„ Deaths.....	„ 175	„ 153	„ 328
			<hr/> 399
Estimated Population on 1st January, 1908.....			21,392
Net Increase			<hr/> 399
			<hr/> 1st January, 1909 21,791
			<hr/> <hr/>

WARD STATISTICS—A. GENERAL.

	Central.			South.			East.			West.			Total.		
	Central.			South.			East.			West.			Total.		
Population, 1st January, 1908.....	6,717	...	2,932	...	2,106	...	5,144	...	4,493	...	4,575	...	21,392	...	21,392
" " 1909.....	6,824	...	2,988	...	2,139	...	5,265	...	4,575	...	4,575	...	21,791	...	21,791
Births in 1907.....	235	...	84	...	54	...	186	...	152	...	152	...	711	...	711
" " 1908.....	226	...	92	...	53	...	198	...	158	...	158	...	727	...	727
Approximate Birth-rate, 1907.....	35.3	...	28.8	...	25.8	...	36.4	...	34.2	...	34.2	...	33.4	...	33.4
" " 1908.....	33.3	...	31.1	...	25.0	...	37.9	...	34.9	...	34.9	...	32.4	...	32.4
Deaths in 1907.....	132	...	39	...	14	...	94	...	57	...	57	...	336	...	336
" " 1908.....	119	...	36	...	20	...	77	...	71	...	71	...	328	...	328
Approximate Death-rate, 1907.....	19.8	...	13.3	...	6.7	...	18.4	...	12.8	...	12.8	...	15.8	...	15.8
" " 1908.....	17.5	...	12.1	...	9.4	...	14.7	...	16.5	...	16.5	...	14.1	...	14.1

B. NOTIFICATION OF INFECTIOUS DISEASE.

	Central.			South.			East.			West.			Totals.		
	Central.			South.			East.			West.			Totals.		
Diphtheria	1908	1907	1908	1907	1908	1907	1908	1907	1908	1907	1908	1907	1908	1907	1908
Erysipelas	61	47	13	4	53	29	8	3	13	17	148	106	148	106	106
Scarletina	14	4	5	1	11	8	1	2	3	2	34	15	34	15	15
Enteric	13	29	9	2	16	23	5	5	5	5	52	65	52	65	65
Puerperal	10	5	6	0	17	1	1	1	1	1	35	13	35	13	13
Phthisis	2	2	0	0	0	0	0	0	0	0	3	4	3	4	4
	1	4	1	0	2	3	1	2	1	2	5	9	5	9	9
	101	91	34	18	6	65	25	32	277	212	212	212	212	212	212

Dual Notification only happened once. Voluntary reporting of Phthisis was given on five occasions only, one-third the number of deaths therefrom. Compulsory Notification of Cases arising under the Poor Law Services came into operation on January 1st, the fee of one shilling being paid by the Guardians; the Local Authority keeping a register of such received by the Medical Officer of Health.

Table "C".—Ward Mortality both from infectious and other diseases will be found in Table IV., while Ward Notification and Isolation therefrom will be found in Table III.

Hospital.—The Management Committee have met from time to time and recently the buildings have been re-decorated and some repairs done. Unfortunately the recent storm has left a few stains (result of snow being driven under slates). as in houses during that blizzard.

During the year there were admitted :—Scarlets 26 (no death), Diphtheria 104 (7 deaths), Typhoid 29 (4 deaths). The case mortality being for Diphtheria 6·7 and Enteric 1·4, and considering that a number are very bad indeed when admitted this percentage is not excessive. Several minor operations (enlarged suppurating glands of neck, &c.) and 3 Tracheotomies have been performed (one of the latter fatal). This proceeding being advisable the moment evidence of Dyspnoea is marked. Although the antitoxin serum is offered free for the first dose such advantage is not always taken, which is a pity.

The average stay in Hospital worked out practically same as last year. We had a total of 159 admissions (detailed in Table III.) as against 91 the previous year. Medical attention to them being administered as follows :—

	<i>Scarlets.</i>	<i>Enteric.</i>	<i>Diphtheria.</i>	<i>Total</i>
Notified & attended by Dr. A	1	1	13	15
„ Dr. B	1	1	8	10
„ Dr. C.....	1	8	22	31
„ Dr. D	—	1	8	9
„ Dr. E	—	1	—	1
„ M.O.H.	4	—	2	6
„ others & „	19	17	51	87
	—	—	—	—
	26	29	104	159
	—	—	—	—
Patients remaining December 31st....	3	8	8	19



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Small-pox.—Against any case cropping up and being spotted we have provision for dealing with it without any delay. Infantile Vaccination generally shows a marked decrease since the new Act came into force on 1st January, 1908—by from 25% to 30%, so that there will be ample material for attack should any outbreak occur.

Scarlet Fever.—I have on former occasions pointed out that this is of endemic character and from localisation of district and other causes, unavoidable; it is perhaps beyond hope for us passing a whole year without any case at all. One-fifth less in number than in 1907—1 death. I need here only refer to incidence as to time the cases reported, being in January 15, February 6, March 12, April 1, June 1, July 1, August 2, September 2, November 7, and December 5, so that it was during the first quarter it fell heaviest; and as regards Wards there is not a very marked difference in incidence between Central and East on the one hand (the same two Wards suffering too the most in 1907), and an equality between North and South, while the 5 remaining occurred in West Ward. As an instance of its treacherous nature there was a batch of 6 notified from one house in Nicol Lane in November—ages varying from two to nineteen—enquiry eliciting the fact of one lad being back at work from the house, one of these in bed, rest running about (all quite convalescent) but, medical attendant called in, justly reported the lot. No further information as to its contract. Just one-half were treated in Hospital successfully.

Diphtheria.—One-third reported in excess of 1907. One can hardly say otherwise than it was fairly well before us every month but January (10), May (24), September (16), November (24), and December (18) were the months most in evidence as regards incidence as to time. Free use of serum was resorted to, and there is little doubt but a large percentage of the worst cases are saved. The case mortality was not at all heavy, 0.64.

You may remember that during the past quinquennium there has been a steady decline in Scarlatina notification while Diphtheria shows the reverse:—

Scarlet	1904	...	128	Diphtheria .	1904	...	17
„	.....1905	...	132	„	...1905	...	30
„	.....1906	...	115	„	...1906	...	100
„	.....1907	...	65	„	...1907	...	106
„	.....1908	...	52	„	...1908	...	148

I have in the past made observations as to causes of continued prevalence of latter, and in report for 1905 I reviewed the character of Diphtheria generally: its behaviour as regards communicability and difficulty of eradication

There is one point which has been carefully observed by me in all cases seen. There are an exceedingly large percentage of patients, Diphtheria patients especially with foul condition of teeth and gums, and further too the great frequency with which we come across enlarged tonsils both single and doubly affords a very considerable avenue for contracting the poison. Further too, arises a prolonged period before one can say when affected parts—eyes, ears, nose, throat, &c.—are absolutely free from infectivity.

With respect to Home and Hospital treatment differences of opinion exist, as gleaned from the "Public Health Journal" during the past year. Personally I am in favour of Hospital isolation for the simple reason that we may call our population an industrial one, and the advantages to be gained outweigh considerably the strained conditions under which sickness at home can be carried out, *i.e.*, hygienic conditions, cleanliness both of body and clothing, ventilation, dieting, and skilled nursing; aye, and even operative measures when necessary, and these without prohibiting bread-winners from following their occupation, and that at times when it is most essential they should do so.

The question as to whether the large sums of money spent for disinfection and isolation of the infected sick has been a subject of debate as to having had any real effect in reducing such class of sickness, particularly Scarlet. Statistics have been quoted as tending to prove that towns where there is no Hospital accommodation bear as good a comparison as to prevalence per 1,000 of population and case mortality as to those where that provision *is* made.

"Do cases coming under usual or early observation, whether isolated or not, interest mainly as to continuation, or, the mild forms unrecognised and acting as 'carriers'?"

Compulsory school attendance, and, especially attendance under five years of age, no doubt afford respective aid in this connection—mild sore throats, small sores about mucous surfaces, running at the ears and nose, enlarged tonsils; apparently trivial may be the means of much trouble as factors in disseminating infection. Through medical inspection of school children, now to be enforced, followed by forced abstention of unfit scholars and early medical attention, should ere long ameliorate endemic prevalence of Scarlet and Diphtheria as well probably of other forms of communicable disease.

Release of Patients from Hospital is also a question engaging the thoughts of Sanitarians. The peeling stage of Scarletina is mostly referred to, that is where sores or runnings from the moist surfaces already named are entirely absent, it being believed by some

that dead epidermis or peeling skin is non-infective, a patient need *not* be detained until the whole surface of the body is perfectly smooth, in other words if this be proved beyond doubt the retention may be reduced, say one-third, and to that extent it follows the cost would be lessened.

Typhoid.—We had odd cases reported to month of August when a few further started in September,—probably through rise in ground air becoming rather sharply elevated. Later a batch occurred which on closely tracing was evidently “carried” by a boy, who was either an ambulatory unspotted mild case or carried by personal infectivity by him to several different houses. Unfortunately he and parents left this district for Wales and so we could not prove absolute presence of Typhoid bacilli to him. The mortality for this population—size, character, and general habits, &c., of people—does not call for special note, being 0.18 only. It may not be uninteresting to record from reported observations that “acute” carriers, who have shown no symptoms but after being in contact with patients may carry and excrete bacilli for a short time and in small numbers. “Chronic” carriers who have a short or a long time before gone through a regular attack of Typhoid may excrete for months or years more or less pure cultures of Typhoid bacilli. The cases referred to in the journals are most interesting as showing the unlimit of infectivity.

Diarrhœa.—The death-rate was much on a par with the previous year (0.88) and occurred chiefly in third quarter as usual, amongst infants. There was no outbreak of Summer Diarrhœa affecting adults. What I and others have observed is that it happens largely at the time when the holiday season is on, and that errors of dieting, &c., are at the bottom of the greater percentage

Flies have been blamed for carrying Typhoid and Diarrhœa, and I cannot do better than refer you to “Public Health Journal” for May last, wherein you will read a most interesting and instructive paper with regard to domestic fly in this connection. Any member can have it on application.

Erysipelas was more prevalent, many referred to as being of traumatic origin, but generally on enquiry there was some greater or less insanitary condition associated about the premises.

Whooping Cough and Influenza troubled us in first quarter and some *Chicken-pox* in month of May.

Respiratory Diseases show a marked improvement, being only 2.26 against 3.1. The year before was conspicuous in climate for raising the death-rate a little—weather characteristics help considerably, but with much improved state of surface and the riddance of stagnant water on unpaved, irregular surfaces do, I feel satisfied diminish illnesses of the respiratory tracts.

Phthisis and Tuberculosis.—The mortality from these was equal to a rate of 1.2, being 0.6 per 1,000 of a decrease. As recently reported the Poor Law Board have made official arrangements as and from January 1st last, for the notification of all parochial patients suffering from Phthisis to be notified to the Medical Officer of Health, and your Council will have a register to keep of details in accordance with the Act. Sometime ago your Council instituted voluntary notification at the usual fee—and I take it that you will decide to continue this. The privacy of such information evidently limits itself (*vide* death and notifications). It is exceedingly desirable, however, that notification of cases not under parish doctors should be obtained else a partial knowledge only will be gained of existing tubercular trouble. The idea is to secure results in the obtaining of pure meat and milk supply, and we should not be behindhand in attempting measures to do so.

Humane Slaughtering of Cattle.—This was subjected to consideration and a report made by your Sanitary Inspector from which it appears there was no occasion to take any action in the matter.

Puerperal Fever (one death).—Any occurrence of this is carefully watched, both as regards the personal cleanliness, disinfection of clothing and quarantine of any midwife concerned, of whom we have about twenty practising in the district.

In this connection I would specially like to call your earnest attention to one responsible duty under the Midwives' Act. Should any untoward condition, difficulty or danger present itself the midwife must send for a medical practitioner. This may be any practitioner named by the patient or relative, but there is no arrangement as to payment of fee, which places the doctor in an invidious position. The Guardians will allow the ordinary fee *provided they can be satisfied the person is unable to pay.*

Notification of Births' Act.—Has now been operative for a year and justifies its adoption. The results to be pointed out directly attributable to the work of the Lady Inspector cannot as yet be fairly gauged. The work is in its initiation here as elsewhere. She has I think so far been very fairly successful, though at first I had a doubt of resentment being offered. Miss Valentine's report is herewith appended.

Sewage, Drainage, Gas, &c.—The general pipe lines and house drains all suffer through sinking, and of course cause anxiety in their respective departments, but on the whole they are well met.

Disinfection.—With regard to this my mind has been much engaged as to the efficiency gained. Many of the houses do not from internal conditions present appearances likely to secure efficiency and then the number of articles exposed and sent for disinfection do not by any means seem to represent the quantities one would naturally expect.

During the year I reported to your montaly meetings on the following :—

January.—Twenty-seven notifications of infectious sickness. Mortality being above normal owing to infantile diarrhoea and respiratory troubles. Birth-rate 35. Whooping Cough and Influenza prevalent, the latter of an epidemic character. Measles abating. Reported that the Lady Inspector who had been on duty one month was getting on fairly well—having met with very little resentment.

February.—Eighteen notifications of infectious sickness received, and as regarding one house concerned I got the Lady Inspector to visit and report upon the same (*vide* Minutes, page 403, for copy of her report). Mortality still keeping up. Pertussis still prevalent. Birth-rate 36.

March.—Twenty-one notifications of infectious sickness received. Mortality still high (18.00 per 1,000) though practically the same as the corresponding quarter of last year. Influenza effecting two deaths. Birth-rate 36. Having visited the house mentioned in last month's report, found things improved. Weather very treacherous. Certified Doe Ridings unfit for human habitation.

April.—Notifications fourteen. The diphtherias so noted suggested strongly to "carriers." Mortality satisfactory for period of year and the changeable weather experienced. Birth-rate 32. Attention being given to cowsheds, &c.

May.—Twenty-nine notifications—a sharp rise due to diphtheria. Health of the district very fair. Chicken-pox having shown itself during the past few weeks. Mortality still high, 18.2. Birth-rate 32.

June.—Sixteen notifications received. General death-rate very low, whilst birth-rate was much higher—equal to 39. Infantile mortality showed a marked reduction. Inspection of factories, bakehouses, and workshops still engaging attention.

July.—A marked reduction in the notifications received—only sixteen. General death-rate 16.8. Birth-rate again higher, being close on 40. Inspection of factories, workshops and bakehouses completed. Those in need of attention the parties interested promising to do what was required. The growing tendency to convert cottage dwellings into business premises commented upon.

August.—Reduction in the number of notifications received (thirteen) The township reported as freer from scarlet than for a long period. Death-rate high—18.6, attributable to diarrhoea alone, and accounting for a Zymotic rate of 5.4. Birth-rate 32. Samples of effluents taken from sewage plots reported on. Notified the County Health Officer of a new midwife having started work in the district.

September.—Notifications received a fresh rise—31; due to diphtheria 14, and enterics 10. The Medical Officer of Health asked for continued attention to having the deficiencies remedied which were reported in the house to house inspection. Mortality low—13.4; satisfactory rate for the quarter, comparing favourably with year previous.

October.—Notifications numbered 21 Mortality low—13.0. The birth-rate 34. A case of child neglect reported to the Lady Inspector to watch, who in turn referred it to the N S.P.C.C. Inspector. Reported a farmyard requiring attention

November.—Notifications numbered 36, 24 of which were due to diphtheria. Death-rate 12.6; very satisfactory for time of the year. Birth-rate very low, only 26. Property in Stock's Fold, Dawber Street, and Edge Green Street reported as sadly in need of attention.

December.—Notifications totalled 33. Enteric fever still cropping up, and traced to a "carrier" in a boy aged five. Mortality exceptionally low—11.1 per 1,000; time of year and character of weather adding additional interest. Property in Lily Street, off Bolton Road, reported as requiring early attention. Birth-rate low—27.

In conclusion—we must rigidly (*a*) enforce the interior repairs; pointing cracks and fissures, window frames, door cheeks, ceilings, &c.; (*b*) minute care will have to be taken in the matter of disinfection of apparel; (*c*) although vast improvements have been made in street formation I cannot refrain from again reverting to the ill conditions of Courts in Lodge Lane, Green Street, Flora Street, Violet Street, Laburnum Street, and Haydock Street. There is no doubt the putting in proper condition of such places should have a marked effect upon the general sickness.

I beg to remain,

Your obedient Servant,

NATHAN HANNAH.

SUMMARY OF NUISANCES DEALT WITH DURING THE
YEAR 1908.

Stopped, defective drains, etc.	141
Ashpit and pail doors off	63
Houses required cleaning	62
Defective roofs and spouting	49
Gullies required cementing around	40
Walls required plastering and repairing	33
Waste pipes too short	23
Yards in bad repair	17
Doors and windows in bad repair	17
Cement aprons required	12
Cracked walls	9
Floors in bad repair	5
Overcrowding	5
Open ashpits covered	8
Privies converted to pail system	14
Cowsheds with defective drains	15
„ required limewashing	9
Houses fumigated	231
Articles „	1081
Miscellaneous	11
Workshops required cleaning	
„ without abstracts	
Total	<u>1845</u>

The Slaughter-houses have been regularly inspected and found clean and in good order ; one has been registered during the year for pig killing, making a total of six.

The Dairies and Cowsheds have been inspected, and with a few exceptions were found clean and in good order. Practically the whole of the old cowsheds in the district have been re-built or improved so as to comply with the Bye-laws. The buildings are in a very satisfactory condition at present. Some of the manure heaps are too near to the cowsheds.

DAVID GAMBLE,

Inspector of Nuisances.

COUNCIL OFFICES,
ASHTON-IN-MAKERFIELD, 28th January, 1909.

To the Medical Officer of Health.

Sir,

I beg to report that the total number of births notified during the year 1908 was 738.

Number of births not notified, 4

Number of children stillborn, 35.

With only a very few exceptions all the cases have been re-visited at least once, and then any cases in which it seemed necessary have been visited frequently—some every week until an improvement has been made. A few cases have required visiting every day, or every alternate day.

Any children put out to nurse on account of the mother having to work, have been visited regularly.

Ten cases have been reported to Inspector Bosley, N.S.P.C.C., who has been a great help when the people have been inclined to resent being told that their children were not properly cared for.

The total number of deaths in children under one year was 104. Of these 17 only lived for a day or two. Of the remainder 53 were bottle fed and 34 breast fed. Of the 738 children born during the year about 125 were being bottle fed and 560 breast fed for at least a time. The percentage of deaths in bottle-fed children was therefore about 50·9, that of breast fed about 32·6. In addition, it is worthy of notice that 19 deaths were due to Summer Diarrhœa, and only 7 of these children were breast fed.

There have been a considerable number of children with dirty heads, mostly children of school age. In nearly every case they have been verminous and caused by neglect on the part of the parents. By visiting every few days and seeing that the simple treatment ordered is carried out, an improvement is generally effected in a short time. As regards the cleanliness of the houses there has been an improvement in some that have been frequently visited.

Any houses requiring cleaning through or repairing have been reported to the Sanitary Inspector.

Yours faithfully,

MAGDALENE VALENTINE,
Health Visitor.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES
& HOMEWORK.

I.—INSPECTION.

Factories	12
Workshops	98
Workplaces	9
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Total	119

II.—DEFECTS FOUND.

Want of cleanliness, 3 found ; 3 remedied

III.—HOMEWORK.

No Out-workers.

IV.—REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year :—

Lock and Hinge Manufacturers	42
Joiners, Painters, &c.	12
Clog and Boot Manufacturers	18
Bakers, Confectioners, &c.	25
Tailors and Dressmakers	9
Sundries	2
Mineral Water	3
Miscellaneous	8
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Total number of Workshops on Register	119

V.—OTHER MATTERS.

Matters notified to H.M. Inspector of Factories :—

Failure to affix abstract of the Factory and Workshop Act (s. 133)	3
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Underground Bakehouses (s. 101) :—

Certificates granted during the year	1
In use at the end of the year	1

TABLE I.

Vital Statistics of Whole District during 1908 and previous Years.
District of Ashton-in-Makerfield.

Year	Total Deaths Registered in the District.										Deaths of		Rate
	Population estimated to middle of each year			Under 1 Year of Age			At all Ages		Total Deaths in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	Deaths of Residents registered in Public Institutions beyond the District		
	2	3	Births	Rate	Number	Ratio per 1,000 Births Registered	Number	Rate					
1				4	5	6	7	8	9	10	11	12	13
1898	...	15883	695	43.7	134	192	308	19.2	...	...	...	305	19.2
1899	...	16272	688	42.2	115	167	288	17.8	...	...	...	294	18.0
1900	...	16650	723	43.4	152	210	239	20.3	...	...	15	350	21.0
1901	...	18807	749	39.0	141	188	349	18.5	...	...	9	358	19.0
1902	...	19134	743	38.8	131	173	356	18.6	...	...	19	375	19.6
1903	...	19611	760	38.7	130	171	297	15.1	...	...	25	322	16.4
1904	...	20021	752	37.5	116	155	260	12.9	...	...	17	277	13.8
1905	...	20518	698	34.0	107	154	275	13.5	...	...	20	295	14.3
1906	...	20866	664	31.0	106	159	283	13.5	...	...	27	310	14.8
1907	...	21231	711	33.4	122	171	315	14.8	...	...	21	335	15.7
Averages for years 1898-1907		18899	718	38.1	125	174	297	16.4	...	...	...	322	17.1
1908	...	21601	727	33.5	104	143	307	14.2	...	11	21	328	15.1
Area of District in acres (exclusive of area covered by water).				6125	Total population at all ages 18807 } At								
					Number of inhabited houses..... 3267 } Census								
					Average number of persons per house 5.72 } of 1901.								

15

15

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TABLE III.

Cases of Infectious Diseases notified during the Year 1908.
District of Ashton-in-Makerfield.

Notifiable Diseases	Cases Notified in whole District at Ages—Years						Total Cases in each Locality						No. of Cases Removed to Hospital from each Locality					Total Cases Removed to Hospital
	At all Ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and Upwards	Central Ward	North Ward	South Ward	East Ward	West Ward	Central Ward	North Ward	South Ward	East Ward	West Ward	
Diphtheria including Mem- branous Croup)	147	1	42	83	14	6	1	61	13	8	52	13	45	12	5	34	8	104
Erysipelas	34	2	3	2	5	19	3	14	5	1	11	3	-	-	-	-	-	-
Scarlet Fever.....	52	1	27	20	2	2	-	13	9	9	16	5	8	-	6	9	3	26
Enteric Fever	36	-	4	9	10	13	-	10	6	-	18	2	9	5	-	13	2	29
Puerperal Fever	3	-	-	-	1	2	-	2	-	-	-	1	-	-	-	-	-	-
Phthisis	5	-	-	1	-	3	1	1	1	-	2	1	-	-	-	-	-	-
Totals	277	4	76	115	32	45	5	101	34	18	99	25	62	17	11	56	13	159

Isolation Hospital : Long Lane.

TABLE IV.

Causes of, and Ages at, Death during Year 1908. District of Ashton-in-Makerfield.

Causes of Death	Deaths at the subjoined Ages of "Residents" whether occurring in or beyond the District							Deaths at all Ages of "Residents" belonging to Localities, whether occurring in or beyond the District					Total Deaths whether of "Residents" or "Non-Residents" in Public Institutions in the District
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	Central Ward	North Ward	South Ward	East Ward	West Ward	
Measles	2	-	2	-	-	-	-	-	-	-	1	1	-
Scarlet Fever	1	-	1	-	-	-	-	-	-	-	1	-	-
Whooping Cough	1	1	-	-	-	-	-	-	-	-	-	1	-
Diphtheria (including Membranous Croup)	14	-	6	8	-	-	-	6	3	1	4	-	-
Croup	2	1	1	-	-	-	-	1	-	-	1	-	-
Enteric Fever	4	-	-	1	-	3	-	1	1	-	2	-	-
Epidemic Influenza	5	1	-	-	-	3	1	1	-	1	2	1	-
Diarrhoea	19	15	4	-	-	-	-	10	1	-	5	3	-
Enteritis	22	17	3	1	-	1	-	5	5	1	7	4	-
Puerperal Fever	1	-	-	-	-	1	-	1	-	-	-	-	-
Erysipelas	2	1	-	-	1	-	-	-	-	-	2	-	-
Phthisis (Pulmonary Tuberculosis)	15	2	-	3	3	7	-	4	2	1	2	6	-
Other Tuberculous Diseases	11	6	2	1	2	-	-	4	-	1	3	3	-
Cancer, malignant disease	11	-	-	-	-	8	3	8	-	-	-	1	2
Bronchitis	14	3	-	-	-	7	4	4	2	2	3	3	-
Pneumonia	35	10	10	1	-	11	3	12	3	3	7	10	-
Other Diseases of Respiratory Organs	3	-	1	-	-	-	2	1	-	-	1	1	-
Alcoholism, Cirrhosis of Liver	2	-	-	-	-	2	-	1	1	-	-	-	-
Premature Birth	15	15	-	-	-	-	-	4	-	-	4	7	-
Diseases and Accidents of Parturition	2	-	-	-	-	2	-	2	-	-	-	-	-
Heart Diseases	10	-	-	-	-	8	2	2	1	-	3	4	-
Accidents	16	-	1	2	2	8	3	6	3	1	3	3	-
Suicides	1	-	-	-	-	1	-	-	-	-	-	1	-
Uncertified	10	1	1	2	1	5	-	4	1	1	1	3	-
All other causes	110	31	5	2	2	37	33	41	14	8	24	23	-
ALL CAUSES	328	104	37	21	11	104	51	118	37	20	77	76	11

TABLE V.

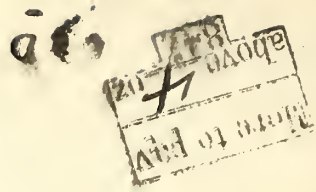
Infantile Mortality during the Year 1908.
Deaths from stated Causes in Weeks and Months under One Year of Age.
District of Ashton-in-Makerfield.

Cause of Death	Total under																	Total Deaths under One Year
	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	1 Month	1-2 Months	2-3 Months	3-4 Months	4-5 Months	5-6 Months	6-7 Months	7-8 Months	8-9 Months	9-10 Months	10-11 Months	11-12 Months		
Certified.....	17	4	1	4	26	13	11	6	12	3	6	3	6	3	8	5	102	
Uncertified	1	-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	2	
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
Diarrhoea, all forms	-	-	-	-	-	2	3	1	2	1	-	-	3	1	2	-	15	
Enteritis, Muco-enteritis, Gastro-enteritis	-	-	-	-	-	-	1	2	6	-	2	1	-	-	3	1	16	
Gastritis, Gastro-intestinal Catarrh....	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	
Premature Birth	11	1	-	-	12	2	-	-	1	-	-	-	-	-	-	-	15	
Congenital Defects	2	-	-	-	2	1	-	1	-	-	-	-	-	-	1	-	5	
Want of Breast Milk, Starvation.....	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	
Atrophy, Debility, Marasmus	3	2	-	1	6	5	2	1	-	-	2	-	-	1	-	-	17	
Tuberculous Meningitis	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	1	3	
Other Tuberculous Diseases	-	-	-	-	-	-	1	-	-	1	1	-	-	-	1	1	5	
Erysipelas	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	
Meningitis (<i>not Tuberculous</i>)	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	2	3	
Convulsions	1	1	-	-	2	-	1	-	-	-	-	-	-	-	-	-	3	
Bronchitis	-	-	-	-	-	1	1	-	-	-	-	-	1	-	-	-	3	
Laryngitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
Pneumonia.....	-	-	1	1	2	2	1	-	1	-	-	1	1	1	-	1	10	
Other Causes	1	-	-	1	2	-	-	1	-	1	-	-	1	-	-	-	5	
ALL CAUSES	18	4	1	4	27	13	12	6	12	3	6	3	6	3	8	5	104	

District (or sub-division) of Ashton-in-Makerfield.

[illegible]

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